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CASES OF MALIGNANT SCARLET FEVER.

By Edward Warren, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

IN this neighborhood as in other places scarlet fever prevailed last spring to a great extent among children. It assumed the form of scarlatina anginosa; the principal symptoms were the swelling of the tonsils, and the severe attacks of rheumatism or stiffness of the limbs which took place after the other symptoms had gone through their course. No fatal case came to my knowledge.

In August, the disease appeared again, and soon assumed the malignant form.

CASE I.—The first case I witnessed, occurred August 24th, in a young woman who came from Boston on a visit, and had been previously exposed to the infection. She had a severe attack of fever with extreme redness of the surface, very rapid pulse, headache, sore throat, pain in the back, nausea, &c. I saw her a few hours after the attack, and gave her an emetic of ipecac. with calomel, Dover's powder, and a muriatic acid gargle. The symptoms speedily abated, and in three days she was well. The eruption did not appear, or at least was not distinct.

II.—Shortly after, a boy in the same family, about 8 years old, had scarlet fever in form; the eruption and sore throat appeared and followed their usual course. He had no medical attendance until these symptoms had disappeared, and he had left his room; when stiffness of the limbs took place and I was sent for, September 9th. This yielded readily to medical treatment, but after getting out, ulcers appeared in the nostrils, and increased to such a degree as at times to threaten suffocation. These were long and obstinate in their duration.

III.—September 6th. I was called to another case in a boy of about the same age, in a house close to that in which the above occurred. The disease was not severe, but was attended with occasional wandering of the mind. He recovered very speedily, and no traces of the disorder were left.

IV.—The next case was a very severe one. It occurred Sept. 12th, in the house opposite to the one last mentioned, in a little girl who came from Boston, and was seized the day after her arrival, with symptoms of great heaviness, attended with nausea. The next day, violent febrile symptoms came on. There was great heat and redness of the skin, slight

delirium, great restlessness, tongue loaded with a foul black coat, lips covered with a black crust. Fulness of the neck and redness of the eyes were also present. As the disease went on, ulcers of the nostrils appeared, the tongue became ulcerated at the edges, and bleeding. There was at one time copious bleeding from the nose, which seemed to have a beneficial effect. There were sores in various parts of the body, and temporary deafness.

The treatment consisted in an emetico-cathartic at the onset, antimonial solution, Dover's powder, muriatic acid drinks, and enemata. The eruption appeared and disappeared several times. Her illness was long; but when recovery commenced, it was rapid and perfect. I discontinued my visits on the 27th, and on being called to visit her brother on the 15th of October, I was surprised to find her in the full bloom of health and spirits; not a trace of disease was left.

V.—Another case which took place at an earlier period and in a different part of the village, I will mention in connection with the preceding, although the symptoms of scarlatina were rather dubious.

I was desired in the spring to prescribe for a little delicate girl about 5 years of age, who had a troublesome and obstinate cough, the sequel of lung fever. This was gradually removed, but on slight exposure she had frequent returns of it through the summer. September 2d, I was called to her, as she had a severe attack of the same kind as before. I prescribed an emetic, &c. The next morning I found her bright and playful, and apparently quite recovered. My consent was now asked for a ride of about seven miles distance to her grandmother's, where a fair was to be held on Thursday, September 4th. As I had constantly advised riding, daily, when the weather admitted, I gave my assent, conditional in regard to weather and her health, on the day of the proposed visit. She accordingly went, and all reasonable precautions were taken to prevent exposure or fatigue. She appeared well through the day and evening, but in the night was seized with active delirium. Dr. Howe, of Dedham, visited her, and considered her case exceedingly critical. There was no sore throat or eruption, but he pronounced the general symptoms, especially the appearance of the tongue, strongly to resemble those of scarlet fever. He gave a free dose of the submuriate, applied cold lotions to the head, &c. I saw her at Dedham the next morning, in consultation with Dr. H. She was then better, and able to recognize her father. The general symptoms were those of typhus gravior. On the whole, I thought it safe to form a favorable prognosis. We agreed upon the continuance of small doses of the submuriate, the cold lotions to the head, and leeches if the active delirium returned. Her recovery was slow, but entire.

At the time of her attack, the only case of scarlet fever that I knew to have occurred was that of the patient first mentioned in a different neighborhood. If a person in a family where scarlatina prevails, has febrile symptoms similar to those of the others without an eruption, we consider it the same disease, but there is generally in these cases some affection of the throat. Whether we can properly call it scarlatina where

there is neither sore throat nor eruption, may be a question ; or whether we should not rather consider both as varieties of typhus. *Scarlatina maligna* is of course, in all cases, typhus with the specific symptoms added. *Scarlatina*, without either eruption or sore throat, is rather like the play of Hamlet, with the Prince's part left out ; rather a worn illustration, but an apt one. There was a strong resemblance in the onset of the malady in this case to the preceding.

VI.—The next occurred, September 14th, in the family in which it originally appeared, in a boy of five years old. It was preceded by a great degree of dulness for some days. Febrile symptoms succeeded, with great redness and heat, sore throat, and considerable delirium. The eruption was slight. The disease was severe, but short. Recovery took place rapidly, and was complete.

VII.—A case occurred in the other part of the house with that of the third case. A boy aged 8 or 9 had *scarlatina* slightly, and in regular form ; no delirium. He kept the house only a day or two, when the symptoms having disappeared, he went out and had a return of the sore throat. A day or two after this had subsided, he was brought to see me for a swelling of the glands of the neck. This went off in a few days, and he began to go to school.

October 11th.—I was called to him in the afternoon. He had pain in the right side, great difficulty of breathing, and high fever. I prescribed an antimonial emetic, to be followed by calomel and Dover's powders. I was sent for at 7, P. M., as the symptoms were not relieved, and the difficulty of respiration had rather increased ; I took ten ounces of blood from the arm, gave a mild opiate, and ordered a solution of antimony if the breathing should not continue free.

12th.—Soon after I left him he became quite easy and had a quiet night. The pulse is now moderate, and he is free from pain and fever. I directed a febrifuge mixture of wine of antimony, paregoric, &c., every four hours.

13th.—Has been comfortable, but the face and lower extremities are now swollen.

14th.—*Œdema* increased. I ordered him to be kept in bed, gave him cathartics of calomel and jalap, drinks of cream of tartar, and allowed him chicken broth. Under this treatment the swelling gradually left the limbs, and was well by the 22d.

VIII.—October 18th. I was called to visit a promising boy of about 5 years old. He had been taken ill several days previous ; the eruption came out fully, and he appeared to be doing well until to-day, when he became delirious. He answered rationally when I saw him, but the heat of the skin and redness were intense. The rash had disappeared. There was great restlessness and thirst. I prescribed an emetic of ipecac. and calomel, to be followed by a solution of antimony every three hours.

I was called to him again in the evening. The emetic had operated well. There was, however, no essential alteration in the symptoms. I ordered Dover's powders, with a small quantity of calomel in the first

dose, to be given alternately with the antimonial solution. Also, a drink of water acidulated with muriatic acid. I left two grains of tartarized antimony, to be mixed with two ounces of water, and a teaspoonful given every four hours.

In the morning, about 7 o'clock, I received a message requesting me to call early, as the patient did not appear so well. I found him to have less fever and the redness of the surface diminished; but he had colliquative diarrhœa and was tossing restlessly in bed. I learnt that in the night, he had called for drink; and by mistake, the solution of antimony was given instead of the acid drink. As it produced no vomiting, it was supposed it would do no harm. The symptoms did not appear to be those of prostration from antimony; he evinced a good deal of strength, and resisted violently the exhibition of medicines. He grew worse and worse, however, every moment. Stimulants internal and external were employed, and starch injections with laudanum resorted to, to check the diarrhœa. They had no beneficial effect, and he died in two hours from the time of my morning visit. The symptoms were almost the same with those in another case to be afterwards mentioned, Case xi.

IX.—Sept. 24.—The next patient was a young woman of about 20. She was seized with violent febrile symptoms, extreme redness and heat of the skin, very rapid pulse, &c. The eruption came out and disappeared several times. The affection of the throat was very severe, and there was considerable deafness. On the night of the 25th she was delirious. I commenced the treatment with the same emetic as in the former cases. A solution of tartarized antimony was given every four hours, and a gargle of muriatic acid, &c., was used for the throat. On the 26th I gave her a full dose of the submuriate as a cathartic. On the 27th, I found her much better. The soreness of the throat gradually abated and she recovered her hearing. I made my last visit October 4th. She went out rather too early, and had a cough for some weeks, but she escaped any of the common sequelæ of the disease.

X.—Sept. 26th.—I was desired to visit an infant about eight months of age, who had the eruption. I gave simply the submuriate and Dover's powders. It was well in two days.

XI. and XII.—In the same family with the above, two boys, one 3 and the other 6 years of age, were taken severely in the evening. I was sent for the next morning. In the eldest the eruption came out fully, there was great redness of the skin, rapid pulse, &c. The youngest was evidently the most ill. There was no appearance of the rash, the countenance was somewhat purple, there was constant vomiting, tossing in the bed, and calling out for drink, &c. I ordered for the eldest a dose of the submuriate with rhubarb, to be followed by Dover's powders. To the youngest, I gave an emetico-cathartic, to be followed by antimonial drops. The emetic operated well, but the vomiting continued through the day. About 4, P. M., violent delirium occurred. I saw him about 6, P. M. He was then dying, and died in a few minutes. The symptoms were the same with those in Case viii.—no prostration, but tossing in the bed as if from general distress of the system. In both of these cases

there was a great degree of discoloration of the surface after death; an appearance not unusual in sudden death.

The eldest boy I considered, at this time, as very sick. He slowly improved. The eruption appeared and disappeared several times. The throat became gradually well. About the 5th of October, he was well enough to sit up. October 6th, he sat up nearly the whole day, and unfortunately near an open door, while the weather was damp. In the evening I was sent for to visit him, and found him very ill, with typhoid symptoms. The next morning the same symptoms continued. He lay quietly; when roused would answer questions correctly, but at other times was heavy and comatose. This state continued for some days. Sores appeared in the nostril and on the end of one of the fingers, both came out upon various parts of the body, and his left arm was affected with rheumatism. He died October 11th.

XIII.—October 12th.—The infant above mentioned (Case x.) having been exposed during the illness of the boy last mentioned, had severe catarrhal symptoms and cough. A swelling appeared below the chin, gradually increasing to considerable size. On being opened, a large quantity of matter was discharged, and continued to discharge for some length of time. There was also purulent discharge from the ears, but only for a day or two. The cough continued for some length of time, but complete recovery gradually took place.

The most formidable circumstance connected with scarlatina maligna is the liability to sudden and unexpected death, which it is well known frequently occurs; as exemplified in Cases viii. and xi. In both of these, the symptoms, within a few hours before death, were not as severe or indicative of as much danger as in several of the others where recovery took place.

There seems to be a great deal of uncertainty in the profession with regard to the treatment of scarlet fever, and a disposition to seek for new remedies. The only safe method in this as in any disease, is to treat it according to general principles. The idea of a specific virus, which is to be opposed by a specific drug, is one that can hardly be maintained. Fever is always fever; and inflammation requires to be treated as inflammation. In one or two cases, though not recently, I have found venesection beneficial, especially in scarlatina anginosa. In scarlatina maligna I should consider it injurious unless there was manifest congestion of a particular organ.

My treatment was simple, and its results were perfectly satisfactory to myself, since in all the cases where the treatment was commenced early, the issue was favorable. Where one of the symptoms was vomiting, I gave ipecac. combined with the submuriate, it being useless in all cases to administer other medicines until this symptom is arrested. Where there was no vomiting, I gave the submuriate with rhubarb as a cathartic. Where there was cerebral excitement, the good effect of the submuriate was very striking. This and the free use of muriatic acid as a gargle where it could be so used, and as a draught where it could not, with the employment of sudorifics, composed the treatment.

Newton, February 18, 1846.

TUMOR ANALOGOUS TO SPINA BIFIDA.

By Gilman Davis, M.D., Portland, Me.

[Communicated for the Boston Medical and Surgical Journal.]

On Thursday, Dec. 25th, 1845, I was invited by my friend, Dr Gilman, to see a little patient of his, a female infant, born on the previous Monday. The child was well formed and of medium size; the head was not enlarged, and the fontanelles were well closed. On the occiput was a globular tumor, about 2½ inches in diameter, covered by healthy integument, and having a diameter of about half an inch at its attachment to the occipital bone. The tumor was very tense and contained fluid. Upon grasping it firmly, and using gradual pressure, there was no diminution of it; no apparent receding of the contained fluid; and no effect produced upon the sensorium of the child. There was no other tumor along the spine, and no other malformation. The child nursed well, and its excretions were natural.

Inferring that there was no communication between the sac and the cranial cavity, the tumor was punctured with a lancet, and half a pint of serous fluid was discharged; the sac collapsed, and no effect was produced on the child by the evacuation of its contents. I did not again see the little patient until after its death; and am indebted to Dr. Gilman for the account of what occurred subsequently.

On the following Sunday the sac was again opened, and a gill of fluid, of a nature similar to that evacuated by the first puncture, was discharged. On the Wednesday following, the tumor burst at one of the previous openings. On Friday, Jan. 2d, a seton made of two silken threads was inserted; the sac, which was well distended, being nearly emptied through the incision. Serous fluid continued to ooze out for several successive days, but in greatly diminished quantity, till three days before death; when little else than offensive pus in very small quantities was discharged. For the first week the child seemed well. After that period symptoms indicating cerebral disturbance occurred. It would start and seem agitated at the slightest noise and when touched. Convulsive movements soon followed; and on Tuesday, Jan. 5th, the child had a fit which lasted about a minute, attended with strong convulsions, and great distortion of the face. On the following day another fit of the same character and duration occurred. There was another on Thursday morning, which was repeated every hour through the day. The convulsions continued with increased frequency through Friday and Saturday, occurring every ten minutes during the latter day, till 8 o'clock in the evening, when the child expired.

At Dr. Gilman's request I made the autopsy the following afternoon. The cranial bones were firmly united, and the fontanelles unusually small. The membranes were dry. The vessels of the sub-arachnoid cellular tissue were deeply injected. There was no appearance of serous or puriform fluid around the cerebrum or cerebellum. The brain itself was pale, and softer than natural; especially in the neighborhood of the ventricles, including the septum lucidum, fornix and adjacent parts.

The ventricles were filled with a thin, inodorous, puriform fluid; and in each lateral ventricle was a mass, about ten lines in length and four in width, of coagulated albumen. There was no communication between the membranous cavity of the brain and the ventricles; the thin flooring of the fourth ventricle remaining entire.

The walls of the tumor, composed of integument and lined with dura mater, were corrugated, dry and pale. The opening into the cranial cavity was two lines below the transverse ridge of the occipital bone; it was circular, and two lines in diameter; the ossification around it being perfect. Attached to this opening on two sides, by a membrane, was a pyriform, fleshy and perfectly solid body, about eleven lines in length and four in diameter at its thickest part. The neck projected far into the cranial aperture, and permitted of a slight motion out and in; but not so as to be entirely withdrawn from the opening. It acted, consequently, like a bullet valve, permitting the egress of fluid from the cranial cavity, but closing the opening effectually against any return.

This fully accounted for the fact stated, of the impossibility of pressing out the contents of the sac at the first examination, and the consequent absence of any effect thereby produced upon the child. Had there been any yielding of the tumor under pressure; any symptom of cerebral disturbance produced by these manipulations, the tumor would not have been interfered with.

Samuel Cooper, Copland and others, allude to cases like the present, of tumors, analogous to spina bifida, situated on the cranium; but I do not remember to have met with any description of a case like this, in its curious valve.

UTERINE HYDATIDS.

[Communicated for the Boston Medical and Surgical Journal.]

SEPTEMBER 27th, 1839. Mrs. A., aged 37, mother of two children, the last a nursing infant six months old, states that she has had her catamenia regularly until three months since. In six weeks after the last period, the abdomen became perceptibly enlarged, and she commenced flowing a little, for which she soon after consulted a physician. Not obtaining relief from his prescription, and the abdomen having increased rapidly, being at the expiration of the succeeding six weeks as large as the sixth month of pregnancy and attended with some anasarca of the lower extremities, she sent for an empirical practitioner, who pronounced her disease to be dropsy; disregarded the almost continued hemorrhage, gave her a hot rock sweat, an emetic, and cathartic, and left her "roots and herbs" to be steeped in a gallon of gin to take for the water. He said that she would be "fit to tap" in a few days, and appointed the 28th, on which to perform the operation. He visited her that day for that purpose, but in the night of the 26th, the day she took the emetic, &c., she was taken with pain in the abdomen and increased hemorrhage, which occasioned my being called. When I arrived,

the distance being nine miles, her pains had ceased and the flowing abated. I found her much exhausted from the loss of blood and the effects of treatment. The conjunctiva of one eye was completely blood-shot from the violent operation of the emetic. Pulse 120 per minute. Upon examining the abdomen, there was no fluctuation, but the enlarged uterus could be distinctly felt. Per vaginam, the os uteri was found dilated to the size of a dollar, and within it coagulated blood only could be detected. From the rapid development of the uterus, and the entire absence of motion, I supposed it to be some morbid growth. As it was evident that nothing short of its speedy expulsion would save her life, I gave her an infusion of ergot, which had its usual prompt effect to produce contraction of the uterus, and without increasing the hemorrhage. The os uteri gradually dilated to its full size, yet the contents of the uterus did not descend to aid in the dilatation. At the expiration of eleven hours from the exhibition of the ergot, and while using the vessel to pass her urine, the contents of the uterus escaped, attended with such profuse hemorrhage that she fainted and fell upon the floor apparently lifeless. Here was one of those appalling scenes which try the physician's soul, and make him choose, as Prof. Mussey once said to his class, rather to be a wood cutter. By the use of proper means she soon revived, and was placed upon the bed. The vessel was filled with a mass of hydatids, answering the description and representation given in Dewees's work on the Diseases of Females. In consequence of the great loss of blood, an effusion of serum took place into the cavities of the abdomen and thorax, accompanied with general anasarca. The respiration was hurried, and the pulse ranged from 140 to 160 per minute. Tonics, diuretics and laxatives were given for six weeks, without affording material benefit, excepting to allow the system to rally from exhaustion, when two hydragogue cathartic powders, composed of calomel, jalap, aloes and tartrate of antimony, the second given six hours after the first, carried off the effusion in forty-eight hours. The continued use of diuretics and tonics prevented any return of the effusion, and restored her to good health in a few weeks. She has not been enceinte since. **EZRA BARTLETT.**

South Berwick, Me., Feb. 18th, 1846.

SPURIOUS VACCINATION.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In the last No. of the Journal, Dr. Mowe has related two cases of spurious vaccination, which are to me intensely interesting. I wish by inquiry to prompt a little further investigation of these cases. The matter was taken on the fourteenth day, and was a "foul secretion." At so late a period, whatever fluid has survived the desiccating process is pus. Can Dr. M. now ascertain whether the secretion was purulent only, or whether the ulcer presented any peculiarities? What was the age, and what the condition of health of the individual, from whom the matter was taken? On the fourteenth day, too, the vesicle, if a true one, must have

been more or less crusted over. Did this crust present the usual appearances, and fall off in the usual way? What is now the appearance of the cicatrix? Dr. M. will readily perceive that my object in these interrogations, is to ascertain whether these violent effects were the result of the usual deterioration of the vesicular contents, by age alone, in the individual from whom the matter was procured, or whether there was some complication or departure from the regular course of the vaccine vesicle.

My individual observations go to show that matter, taken from the vesicle at a late period, often produces intense inflammation, much exceeding that arising from the pure lymph. Cicatrices are frequently exhibited, which present little or none of the characteristics of true vaccination, but merely show that ulceration of the cutis vera has occurred, to greater or less extent. Instead of a slight depression of the whole scar below the surrounding surface, with no hardness whatever, they are a little elevated, somewhat indurated, and destitute of the diagnostic pits. I am in the habit of attributing this peculiarity in the majority of these cases, to the fact that they were produced by virus which was abstracted at too late a period in the progress of the pock. Some of these cases will be found, upon re-vaccination, to be wholly unprotected, and others, perhaps, possessing more or less immunity. But in either case, much greater inconvenience and trouble is experienced from severe and extensive inflammation and ulceration, and more serious danger is incurred, than properly or necessarily belongs to the course of true vaccination. These spurious cases are very common in the country, where it is also extensively the practice for individuals to vaccinate themselves from the arm of another, procuring the matter when they think it is "about right," with no criterion of knowing when the virus is most effectual, or whether the pock is a true vaccine vesicle, or the result of inoculation with some other animal poison. As to the frequency in cities where the vaccinations are mostly performed by physicians, I am unable to make any statement.

The crust of a vaccine vesicle, although it is the product of the last or desiccating period of the process, is not liable to the same censures. I have been and still am occasionally in the habit of using in my vaccinations the crusts from such pocks as possess the diagnostic marks of pure vaccinia. I have never seen ill effects follow. The accession of a purulent secretion seems to displace the vaccine ichor from the pock, and it becomes dried and incorporated into the albuminous substance of the scab.

The operation from the inoculation described by Dr. M. seems to resemble that from wounds in dissections, or matter from malignant or gangrenous ulcers.

It is also a curious pathological fact, that in the case of this "foul" or malignant ulcer, the mouths of the absorbents were so closed by the surrounding adhesive inflammation, and deposition into the interstices of the cellular tissue, or their action so suspended, that the "virulent poison" was not spread through the system of the first individual, while by the introduction of the matter at once within the reach and its subjection to the action of healthy absorbents, it is readily diffused and seriously affects the vital economy of another.

Concord, N. H., February 23d, 1846.

SOLITARY IMPRISONMENT.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I have had my attention called to an article upon Miss Dix, which appeared in your Journal under date of Dec. 17, 1845. The writer might, without doing violence to truth, have spoken in warmer terms of commendation of this admirable woman, whose life is made up of labors and sacrifices for the good of humanity, whose zeal is seconded by so much good sense and practical knowledge, who encounters toils and privations in her noble "circumnavigation of charity" which would try the most robust frame and daunt the stoutest heart, and who preserves unimpaired, through all, the delicacy, gentleness and purity which form the crowning excellence of woman. But she needs not the excitement or the reward of praise. She acts from higher motives and lives for higher objects than the commendation of men. But as her personal friend, I ask leave, in her absence, to correct a gross misapprehension of her views, into which the writer has fallen. It is contained in these words. "It is evident that Miss Dix looks favorably upon solitary confinement. A prisoner should be boxed up, in her view, in a cell, like an antediluvian frog in a piece of shale, wholly and entirely beyond the reach of any society. He should neither hear nor see a fellow mortal during the destined period of incarceration. All the while, he should labor as directed; yet under all circumstances commune alone with his own thoughts, save when directed to higher aspirations, through the silent teachings of such books as are permitted to be in his legal grave."

In making this hasty assertion, it is evident that the writer cannot have read with any attention the pamphlet which he reviews. Still less does he understand the separate system of confinement, or the Pennsylvania system, as it is sometimes called. The above account is a caricature, or a picture such as an enemy might draw, with a purpose of awakening aversion and disgust, but not a true statement. To prove both of my assertions, I have only to make the following extract from Miss Dix's pamphlet.

"Many persons appear singularly ignorant of the discipline, as well as of the actual condition and employment of prisoners in the Eastern Penitentiary. A vague feeling of horror pervades some minds, when the subject of *separate*, or, as it is often incorrectly called, solitary imprisonment, is spoken of; and they condemn, as inhuman or unjustly severe, a form of imprisonment, of which in fact they have no correct knowledge. To those who cannot visit this prison, and who have no means of large information, it may be interesting to learn that the convicts are uniformly treated with kindness, and a regard to their rights as men, not forfeited with their rights as citizens. They are, it is true, in separate confinement, but it is in rooms of good size, conveniently furnished with reference to preserving habits of neatness and order, and the means of employment for both the mind and the hands. The tasks, which are not burthensome, are accomplished at intervals during the day, the prisoner being left to choose his time; so his work be accomplished, he has liberty to rest, to read or write, to listen to the counsels of the chaplain, or the teachings of the

schoolmaster, and to cultivate in its season, the small plot of ground, which the industrious have much pleasure in keeping in order, and in which an hour daily may be spent. The cells being lighted at evening, afford an opportunity for using the books furnished from the library, and those which belong to the cell; or accomplishing some little work which the skill or fancy of the inmate may devise.

"The prisoner is not therefore solitary, nor quite alone for any long time; he is separate, but it is from fellow convicts, and shut in from the curious gaze of thoughtless visitors. He is not solitary; for he sees *daily*, three times, the officer who furnishes his meals; he sees the officer who supplies the working materials, teaches him to work, and receives the work when done; and he has the means of communicating at any moment with the officer of the corridor; he sees the warden, the chaplain, the schoolmaster, and the physician and the apothecary if not well, any day or hour that he wishes, and some of these by regular diurnal visits. He may see the minister or priest of his choice, when he desires; the committee from the Prison Society, weekly; the inspectors, twice a week. Of course every prisoner is not seen at each visit; but those who request it are; and others, for whom there is time. The sheriffs see all prisoners from their respective counties when they convey new convicts; and if asked, they, with the permission of the warden, take letters at reasonable intervals, after the first six months. Official visitors are the judges of the courts, the governor and cabinet, members of both branches of the legislature, the grand jury by courtesy, and occasional visitors by special permission, who have definite objects in acquiring a knowledge of the construction of the prison and its discipline."

I propose to trespass no further upon the patience of your readers, than to ask them to read the above extract, as a simple act of justice of Miss Dix, who has been so strangely misrepresented. To engage in the controversy on the merits of the two systems, is not my intention.

G. S. H.

WARM MOIST AIR IN INFLAMMATION OF THE AIR-PASSAGES.

[Dr. GOLDING BIRD has several articles in the London Lancet on the therapeutic influence of warm moist air in bronchial inflammations. The following extract will show one combination of symptoms which he thinks indicates the adoption of this treatment. The results in the case supposed, he details, but we have not room to copy them—and indeed they may be understood by the physician.]

Were I endeavoring to point out one class of cases more distressing and anxious than another, I would sketch one of pneumonia, or capillary bronchitis, affecting a part of both lungs, and occurring in a child barely emerging from the influence of the poison of measles or whooping cough. The little sufferer, weak from previous disease, tosses restlessly from side to side, with its head thrown back over the pillow or nurse's lap, to straighten the trachea, snatching short and imperfect slumbers, or rather

moments of stupor, only to awake to fresh distress; the livid hue of the finger-nails and toes, the dusky face, parched lips, distended and parting nostrils, the lustrous, prominent eye, present a graphic picture of impending suffocation; whilst the hurried respiration, the catching at the bed-clothes, or throwing the arms over the head, show the efforts made by the child to facilitate the distension of the obstructed lungs. If pneumonia be alone present, all these symptoms, it must be recollected, often exist without a particle of cough; the most severe cases of this kind I have met with, have been absolutely free from it, and have been often mistaken for mere fever. It must never, moreover, be forgotten, that whilst in the adult pneumonia is frequently limited to one lung, in children it usually affects both. The possible absence of violent inflammatory fever, also, must never be forgotten, for ignorance of this fact has often caused the disease to be overlooked. The prominent symptoms of the most dreaded variety, or suffocative pneumonia, are, diminished oxygenation of the blood, and depressed state of the cerebral functions. The little patients are often affected with great somnolence, pale and livid complexion; the glowing heat of surface soon disappears, and is followed by cold and often violet-colored extremities. The respiration is often nearly entirely performed by aid of the abdominal muscles, the action of the diaphragm being violent; a state of things familiar to every physician, and to which attention has of late been especially directed by a German author, Dr. Berg. The distress of the little patient becomes much greater if capillary bronchitis, or inflammation of the lining membrane of the smaller tubes, be superadded; for here, in addition to the consolidation of the hepatized portions of lung, the very route to the cells is first obstructed by the swollen and congested state of the lining membrane, and afterwards by the exudation of a stiff, viscid, gum-like mucus. And if the larger tubes become involved, as is usually the case after whooping cough, the loud and coarse râle, or whooping sounds, show how great is the effort required to expand the lungs.

In the treatment of these cases, all the therapeutical remedies at our command are too frequently put in requisition in vain; the mercury, antimony, opium and depletion, are all called upon for their assistance; and although, fortunately, often with success, still we have sometimes to deplore their inefficiency, and even occasionally to doubt whether, after all, the disease has not been over-treated; and to inquire whether, in our efforts to save, the catastrophe has not been rather accelerated than averted.

It is in these cases that I think we possess a most energetic remedial agent, in the shape of an appeal to the functions of the skin and mucous membrane of the air-passages, which, whilst its effects are always palliative, and often successful, can never be regarded as dangerous. Even the temporary relief afforded by the warm bath, familiar to all practitioners, shows how much is gained by calling upon the skin to do its duty. But even here, too carelessly as this remedy is often used, I think I have seen more ultimate harm than good accrue, by rendering the child more susceptible to the influence of the cold air which it inspires.

In cases of this kind I would urge the practitioner not to consider he

has done his best towards saving his little patient, until he has placed the child in an atmosphere, the temperature and moisture of which shall appeal to the skin, and relieve the inflamed tissue. The mode in which I am accustomed to effect this is as follows:—Selecting, if the choice be permitted, a bed-room as small and as free from draughts of air as possible, the windows are carefully closed, and if the casements do not fit accurately, strips of paper should be pasted over the junctures. A stout sheet or blanket should then be fastened with a nail or two to the lintel of the door, outside, so as to hang down and prevent currents of cold air entering the room during the ingress and egress of the attendants, a large fire being lighted in the grate, which should never be allowed to go out during the treatment. A thermometer should be suspended over the patient's bed, so as to be about two or three feet from its centre, and carefully watched. The indications of this instrument must constitute the sole guide for raising or depressing the fire, and a temperature of from 70° to 78° should be constantly maintained. A large kettle of water is placed on the hob, and kept boiling, so that a current of steam may be constantly poured into the room from its spout, which, for this purpose, must be enlarged by the addition of a few feet of gas-pipe, and until this be procured, with a tube of stiff paper or thin mill-board.

By these precautions the room may, without the slightest difficulty, be kept at a nearly constant temperature for the requisite time. Indeed, it is remarkable how little variation is observed in the thermometric indications, when the most ordinary care is taken to prevent the entrance of long-continued draughts of air. Let us now suppose that a child, the subject of capillary bronchitis or pneumonia, be exposed to the influence of a bed-room arranged with these precautions, placed in bed, and supplied freely with diluents, as tea, toast-water, or common water, for which the little patients generally crave, and inquire what are the probable results of this treatment, independent of any other.

CONNECTION OF RHEUMATISM WITH OTHER DISEASES.

No association has of late attracted more attention than that of rheumatism and cardiac inflammation. This association was pointed out as long back as 1738, by Dr. Pitcairn, of Bartholomew's Hospital, but more recently, owing to the improved method of examining the heart by auscultation, considerable light has been thrown on it, and its importance and frequency been more and more the subject of remark. For much valuable information on the subject we are indebted to Dr. Latham and Dr. Watson, in England, and M. Bouillaud, in France. In Dr. Latham's recent little treatise on clinical medicine, he insists largely on the connection of rheumatism with endocarditis as well as pericarditis; and, indeed, speaks of the former as more frequent than the latter, and as seldom long absent in pericardial inflammation. The knowledge of this association is of the greatest importance, as it leads the physician, in the treatment of rheumatism, to be on the watch for the first invasion of carditis, and,

therefore, puts him in the best position to subdue it before it has committed any irremediable injury. It should always be remembered, however—even admitting, to the full extent, that the auscultatory signs are faithful interpreters of disease—that too much activity may be employed in the endeavor to remove them. The remarks already made on this subject may be referred to. I think those who read the case related by Dr. Latham at page 167, will be inclined to suppose that a less energetic practice might, possibly, have been attended with happier results.

That rheumatism has many other important, though less understood, associations, I think there can be no doubt. Like gout, it may invade internal organs; and certainly is found to attack those which are mixed up with the fibrous tissue. An alliance was formerly supposed to exist between rheumatism and palsy. That wandering pains, often of an acute character, are experienced in hemiplegic affections, there can be no doubt; but how far such pains are deserving of the name of rheumatism, may be questionable. However, it is by no means improbable that such an alliance does exist, for it is far from improbable that rheumatic invasions and paralytic seizures have a common relation to other conditions of derangement, set up by the same irregularities of living. The connection of rheumatism with gout is acknowledged in popular phraseology, if it be not in medical literature. It is certain that there are cases in which it is difficult to say whether the patient be suffering from the one or the other, and the appellation, *rheumatic* gout, is probably correct as well as convenient. The near affinity which exists between these complaints, in respect to their pathology, renders it highly probable that disorders may exist which partake of the peculiarities of both. The occurrence of many complaints in the gouty habit has long been a subject of observation and anxiety. From the consideration of their associations, we may be led to suppose that in a less pronounced form of the gouty diathesis, many obscure affections of the head, stomach, or bowels, may arise, without leading to any suspicion of their real origin. I have already briefly hinted at a connection which exists between rheumatism and a spinal derangement of a very serious character. It seems that rheumatic persons are liable to a sort of translation of the disease to the sheath of the spinal cord, attended with pain and spasm. This varies, of course, according to its particular situation, and is productive of more or less important functional disturbance.—Dr. J. B. HARRISON, in *Lond. Lancet*.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 4, 1846.

The Young Stethoscopist.—New medical works are constantly making their appearance, which conclusively demonstrates the belief that ours is a

profession promotive of thought and industry. It is so in the city of Boston: one cannot be idle here without losing caste directly. By this it must not be understood that every physician is necessarily an author, to maintain his position. There are a host of active minds engaged in a grand movement to advance in that knowledge which relieves suffering humanity when contending with disease. Some gather specimens of morbid anatomy to illustrate one class of formidable maladies; others carefully copy horrible exhibitions of organs preternaturally enlarged, ulcerated, or distorted; and another studies the changes in the organs of sense, from youth to age. One is expert in surgery; and his neighbor, perhaps, devotes his entire life to the investigation of the causes of certain obscure aches and pains which have baffled his predecessors.

Growing out of this system of never-tiring exertion, our kind-hearted friend Henry I. Bowditch, M.D., a son of the illustrious mathematician of that name, is always clearing the highway to the chest, of the rubbish that has obstructed the student's progress in gaining a correct insight into the signs of those diseases to which it is incident. His familiar acquaintance with the science of auscultation, is freely admitted. Various papers on the elements of thoracic exploration, and other distinct efforts to familiarize students and young practitioners with this essential method of ascertaining the condition of the vital mechanism, beyond the ken of the eye, are well known in New England. His best achievement is the present work, a compact 12mo, containing 278 pages, with numerous illustrations, just published by Ticknor & Co.

Each division of the book is complete in itself, and is written so plainly that the student, for whom the treatise is ostensibly prepared, cannot mistake the author's directions. First, the mode of making inspection is minutely described; then follows palpation; mensuration; auscultation; auscultation of respiration; auscultation of the voice; rales; percussion; physical signs of laryngeal diseases; physical signs of bronchitis; of pneumonia; of pleurisy; of phthisis; pneumonia; gangrene of the lungs; emphysema of the lungs; pulmonary apoplexy; dilated bronchi; œdema of the lungs and coughs having no physical signs. Next, there follows physical signs relating to the circulatory organs. Without attempting a further elucidation of the plan of this admirable assistant, which is called the "Young Stethoscopist, or the Student's Aid to Auscultation," we cheerfully recommend it, not only to those for whom it is especially designed, but to their seniors also; being convinced that whoever studies its precepts will be a wiser practitioner than he was before.

Natural History of the Diseases of the Human Teeth.—Those who have objected to the operations of the Baltimore Dental College, on the score of its unnecessary existence, cannot deny that Dr. C. A. Harris, one of its professors, has done more to make us acquainted with the diseases and morbid anatomy of the teeth, than all the professed medical writers of the country put together. He published, about one year ago, a leading standard work on operative dentistry, that holds a high rank in the estimation of foreigners. In addition to that, he is connected with the *Journal of Dental Science*, the organ of the dental profession, in which he is continually giving evidence of an indomitable perseverance in the literature of his calling. In the midst of all the cares and calls incident

to the daily practice of a business requiring personal attention, he has now remodelled and made numerous additions to Fox's *Natural History of the Diseases of the Human Teeth*. One of the best English works extant, and so acknowledged, has undergone such beneficial alterations as to be superior to its former condition, and better calculated to subserve the interest of those who seek instruction from its erudite pages. There are thirty plates, some of which picture admirably every variety of deformity or disease to which the teeth and gums are incident. The volume is a large-sized octavo, containing 440 pages. Part I. embraces the history of the formation of the teeth; the symptomatic diseases incident to the first dentition; the changes which take place during the second dentition, and the treatment to prevent and remedy irregularities in the arrangement of the teeth. Part II. treats of the history and treatment of the diseases of the teeth, gums, &c., and continues through nineteen chapters. Part III. is devoted to operative dentistry in all its details. This cannot fail of being exceedingly serviceable to all young men in the dental ranks. Any and every work which promises to give character to this important department of mechanical surgery, meets our cordial approbation. Because bangers and quacks are quite as numerous under dental colors as in medicine, we invariably endeavor, when an opportunity occurs, to plead for the dissemination of all that can improve the profession, and enable it the better to remedy the misfortunes arising from disease or accident to those important organs, the human teeth.

Bloomingtondale Asylum for the Insane.—Dr. Pliny Earle, the Superintendent of this Asylum, is a candid, judicious governor, admirably fitted, both by nature and education, to take charge of the insane. This is discoverable in his reports, and in the public sentiment. We perceive no marked change in the method of working the machinery of the institution, since last season. Whatever is best to do or have, has already been done and procured, so that the asylum takes the rank that we should naturally expect any one to have, that was confided to proper care and management.

If any one circumstance more than another, in this report, arrests the eye, it is the account of the scientific lectures delivered before an audience of insane hearers. In this particular, Dr. Earle has advanced beyond others in the same humane employment. He has lectured to the patients on the mechanical properties of air; hydrogen; national and local peculiarities; oxygen; nitrogen and carbonic acid; chlorine and iodine; electricity and astronomy. "Desirous of promoting the curative treatment of the patients by every judicious means," he says, "the Asylum committee have made a liberal appropriation for the purchase of materials to be used in the lectures." The institution is already furnished with an air pump; a set of mechanical powers; a magic lantern, with numerous pictures; an orrery; an electrical machine, with implements; a pneumatic trough, receivers, retorts, and other articles in chemistry; 146 diagrams painted upon bleached muslin, illustrative of the structure of the human frame and that of the lower order of animals; 20 similar diagrams explanatory of the laws and phenomena of light; and 95 illustrating various other subjects. This is truly a delightful scheme for concentrating the disturbed, fitful and wandering ideas of a certain order of lunatics.

Medical Obedience—Dr. Darrah's Introductory.—William Darrah, M.D., Professor of the Theory and Practice of Medicine in Pennsylvania College, Philadelphia, gave an introductory to his course, on medical obedience, which was a word in season, fitly spoken. A happy spirit of independence is manifested in these latter times by the faculties of medicine in most of the colleges. They speak out their sentiments boldly, like men, instead of cringing in the presence of students—afraid to say what they think, for fear of offending them—which might have a bearing upon the popularity of the school, for good or for evil. Since the happy discovery that absolute government is no hardship in the management of public institutions of learning, the students themselves, in schools of medicine, invariably manifest their satisfaction when addressed by their instructors on the very important subject of their own personal responsibility to society, and their moral duties.

Dr. Darrah enforces the doctrine of obedience in a series of propositions, by asking "who shall heal the sick?" He explains the obedience that is required of the practitioner, and thus delicately makes it quite clear what students should do. Not to dwell unnecessarily long on the implied part of the discourse, it is just towards the author of the pamphlet to say that we derived much pleasure as well as instruction from it. His interview with Scarpa is particularly interesting; and all that Dr. Darrah relates of Baron Larrey, Beclard, Breschet, Broussais, Andral and others of equal eminence, is admirably interwoven with the general remarks on duty. "Our medical stated societies, medical colleges and universities," says Dr. D., "are established and proper media of commissioning qualified persons to go and heal the sick. Such are the corollaries. Obedience to them is medical obedience. Be persuaded to medical obedience, and be dissuaded from medical wilfulness; this indulged in, will be followed with disaster and disappointment; the former with success and happiness."

Willoughby University.—The recently-published catalogue shows that the medical department of this University is not only in an active condition, but thriving also wonderfully well. Besides a faculty of eight persons—distinguished individually for their attainments in science—there are appliances and various facilities for pursuing the study of medicine and surgery at Willoughby, to be coveted by those who are ambitious to be well taught. In 1836, the class contained but sixteen students; the present session numbers *one hundred and sixty-four*! This is a specimen of young Ohio.

Journal of Hydropathy.—A second No. of the Hydropathic Journal, published at Morristown, N. J., and conducted by Dr. Dexter, has arrived. He expresses himself in words of thankfulness for the commendation bestowed on his Journal by the *press universally*. Dr. Dexter thinks well and speaks in the warmest praise of the Green Mountain Spring—which is entitled, according to his views, to the patronage of all "*hydropathic believers*." It is gratifying to notice how delighted these water doctors are with each other. There is a perfect millennium in the ranks at present, which will endure till they happen to cross each other's currents, and then perhaps there will be perturbations or troubling of the waters in the hydropathic pool.

Tremont Street Medical School.—It will be seen, by reference to our advertising page, that this well-known school has made considerable additions to its already ample facilities for imparting medical instruction. Besides the instruction of the physicians previously connected with the school, we observe that a number of courses will be delivered to the students during the coming season by gentlemen of high distinction in their several departments. The school now seems to offer every facility for medical instruction that can be desired by the most ambitious student.

Diseases of the Skin.—Among the entire catalogue of human maladies none are more obstinate in their character than those of the skin, and none impose a severer tax upon the skill of the physician in his efforts to cure them; and a large proportion of them admit of neither cure nor amelioration under the ordinary modes of treatment. We believe the daily experience of every medical man will bear witness to the truth of what we here say. It is inconvenient for the general practitioner to devote the amount of time and attention requisite to the treatment of cutaneous affections, or to supply himself with all the means which promise the greatest success. We are therefore happy to state, in this connection, that Dr. Durkee, of this city, devotes special attention to the diseases in question; and for this purpose he has at his infirmary the best facilities to be found in New England. In addition to other remedies he uses the iodine and sulphur fume baths, as practised in the principal hospitals of London and Paris. We have known some perplexing cases, which had resisted every method adopted for their removal, yield to a series of these baths in conjunction with other appropriate measures.

Massachusetts General Hospital.—The announcement in the *Journal* of the following appointments has been unintentionally delayed a week or two:—

John D. Fisher, M.D., Oliver W. Holmes, M.D., Henry I. Bowditch, M.D., Additional Physicians. J. Mason Warren, M.D., Samuel Parkman, M.D., Henry J. Bigelow, M.D., Additional Surgeons. W. Henry Thayer, M.D., Admitting Physician.

Kentucky Lunatic Asylum.—The Annual Report of Dr. Allen, physician to the Kentucky Lunatic Asylum, gives evidence of great improvement in that charity—and improvement was much needed—for until within the last two years (during which time Dr. Allen has had charge of it) the institution was a reproach to the State; a mere place for the incarceration of the insane, where they were herded together like cattle—not the noble charity which the State had endowed for the benevolent purpose of relieving the most awful malady to which humanity is incident. Now, under the wise and humane treatment adopted, the per cent. of cures of recent cases is as great as we find in any of the asylums of the country.

Microscopical Anatomy.—Prof. J. C. Cross, of Lexington, Ky., writes as follows from Paris, under date of Dec. 4.

"The obvious sensible effects disclosed after death, it should be recollected, are the results of morbid action, which has been going on for

weeks, and perhaps months, and at last the individual dies, because they have become so aggravated as to be incompatible with the continuance of life. Now when such lesions as are discovered when death is the result of it, are commended to the physician as a guide to him in practice, it is equivalent to saying it is possible to raise the dead. Such lesions are never compatible with life. The business of the physician is to prevent their occurrence, and if he fails in that he will surely fail in remedying them after they have occurred. It is mainly lesions that are to be observed when death has resulted from some accidental cause in the course of a disease, that are serviceable in a practical point of view. Reflect upon the changes that are observed in the different stages of inflammation—and patients die in all of its stages—and you will at once be satisfied that such appearances when death is a consequence of the morbid action, will produce a very fallible and feeble guide to the practitioner. The secret recondite changes, and those inappreciable by the naked eye, are those with which we should make ourselves acquainted, and this is being done by microscopical anatomy, which is now prosecuted with much energy, zeal, and success, and to which I am paying special attention."

Medical Miscellany.—A new and alarming disease, it is said, has appeared at New Albany, Indiana, which is ushered in by severe vomiting, chilliness and congestion of the brain, and followed, in about twelve hours, by death.—A lamb has been shown, as a remarkable freak of nature, having four eyes, three mouths, and three tongues.—A man, near Londonderry, Ireland, near 100 years of age, is living with his eighth wife.—Dr. Elisha Bartlett has again accepted a chair in the Medical School of Transylvania University. His acceptance of the appointment came in a letter dated at Florence, February 2d.—Measles and other diseases have been unusually prevalent among the Winnebago Indians the present season, very much reducing their numbers.—A French surgeon imagines that he has found a cure for aneurism in electricity—and accompanying the announcement of the discovery, a great deal of nonsense is introduced about the white of an egg.—The Board of Aldermen in New York propose making alterations in the medical management of the Almshouse; instead of having one physician for every thing, they think of having the patients assorted.—The births in the United States, yearly, are from 400,000 to 500,000. Of this number of children, 1 in 15, or more than 25,000, are stillborn; more than 300,000 inherit from their parents a diseased constitution, and a majority die young.

MARRIED.—At Providence, R. I., Chas. A. Van Zandt, M.D., to Miss C. A. Rhoades.—At New York, Tompkins Nestell, M.D., to Miss M. L. Whites.

DIED.—Dr. Henry H. Harrington, of Onondaga, N. Y., found dead in his office, the victim of alcohol.—Dr. Bousac, at Plaquemies, La., killed by being thrown from his carriage, while on a professional visit.

Report of Deaths in Boston—for the week ending February 23. 47.—Males, 26, females, 21. Stillborn, 5. Of consumption, 11—inflammation of the bowels, 2—inflammation of the lungs, 2—inflammation of the brain, 1—disease of the heart, 1—convulsions, 1—scarlet fever, 6—intemperance, 1—aneurism of the aorta, 1—infantile, 6—typhus fever, 1—smallpox, 3—marasmus, 1—burns, 1—lung fever, 1—childbed, 1—dropsy, 1—tumor, 1—disease of the bowels, 1—worms, 1—influenza, 1—hooping cough, 1—dropsy on the brain, 1.

Under 5 years, 24—between 5 and 20 years, 4—between 20 and 40 years, 12—between 40 and 60 years, 6—over 60 years, 1.

Dr. Jarvis's Lectures in London.—Dr. George O. Jarvis "Surgeon to the Free-Stone Quarry, Portland, Conn., &c. &c.," has been delivering a course of five lectures on fractures and dislocations, at the Royal Westminster Ophthalmic Hospital, London, which are now before us in the *Lancet*. The following is his introduction to the course.

"The brief course of Lectures, of which the present forms the first, will contain a summary of my experience during twenty-six years of professional labor, the last five of which have been spent in a situation peculiarly favorable for the observation of fractures and dislocations, my attention having been particularly turned to the subject while designing, testing and perfecting, the apparatus which is now offered to the notice of the profession for treating those injuries. Numerous opportunities have occurred to me for observation, at different hospitals in America, London, and Paris; but it is not without feelings of due respect to the opinions and practices of others, for whom I entertain the highest regard, that I attempt to advance principles and to urge treatment which is at variance with those in common use. Still it appears to me that the cause of science demands the step to be taken. Therefore I comply with the kindly-expressed wish of those who have procured for me the opportunity of delivering these discourses under the present roof, trusting that the views which I advocate will be examined with care and candor, while I cheerfully say, that whatever I recommend that will not stand the test of experience on the part of others, let it be rejected. I have come to this country for the purpose of obtaining and communicating information in matters of surgery. During my sojourn in Europe, I have visited the whole of the hospitals of Paris, as well as those of London, and in the course of two month's attendance at the former, I have performed operations in some of the wards, which were planned wholly in accordance with the principles which I am now about to develop, happily with a success which had not attended the efforts previously made in the treatment of the injuries experienced. Having now completed the round of my observations in England, I am about to retire to my native country, the delivery of the present brief course being the only object that has induced me to defer, until another voyage of the Boston steamer, my departure from this metropolis, after having derived very great pleasure and advantage from my visit."

On Abstinence from Drinks in the Treatment of some Diseases.—Dr. Bourge thinks that the quantity of drink administered in disease is not a matter of indifference, that it ought to be regulated by the medical attendant, and should not be left to the taste of the patient or the caprice of the nurse.

Thus, in all affections accompanied by a predominance of the serous or aqueous element in the blood, this physician thinks that we ought to diminish very much the usual quantity of drink, or even to suppress it altogether. Such are, for example, cases of dropsy, profuse sweatings, chlorosis, suffocative catarrh, abundant diarrhœas, diabetes, organic diseases of the heart, and, finally, asthma, whenever this malady owes its existence to a pathological condition of the central organ of the circulation.

—*Dublin Hospital Gazette.*